## STATE OF SOUTH DAKOTA

## Statement of Legal Newspaper Ownership and Circulation<sup>S.D. SEC.</sup> of STATE

Return to: Secretary of State, 500 E. Capitol, Pierre, SD 57501-5077

1. TITLE OF NEWSPAPER		2. DATE OF FILING
3. FREQUENCY OF ISSUE  BOUTIC BOOCON  3A. NO. O	F ISSUES PUBLISHED ANNUALLY	3B. ANNUAL SUBSCRIPTION PRICE
Weekly	52	20.00
4. COMPLETE MAILING ADDRESS OF KNOWN OFFICE OF PUBLICATION (Street, City, County, State and ZIP+4 Code) (Not printers)		
5. COMPLETE MAILING ADDRESS OF THE HEADQUARTERS OR GENERAL BUSINESS OFFICES OF THE PUBLISHER (Not printers)		
6. FULL, NAME OF PUBLISHER:	0 3777	
7. OWNER (If owned by a corporation, its name and address must be stated and		ad addresses of stockholders owning
or holding 1 percent or more of total amount of stock. If not owned by a corpora owned by a partnership or other unincorporated firm, its name and address, as	tion, the names and addresses of the inc	lividual owners must be given. If
Prairie Publication	COMPLETE MAIL	
8. KNOWN BONDHOLDERS, MORTGAGES, AND OTHER SECURITY HOLD	ERS OWNING OR HOLDING 1 PERCE	NT OR MORE OF TOTAL AMOUNT
OF BONDS, MORTGAGES OR OTHER SECURITIES (If there are none, so sta	ate. If more space is needed, list on back	of this form.
	AVERAGE NO. COPIES EACH	ACTUAL NO. COPIES ISSUED
9. EXTENT AND NATURE OF CIRCULATION	ISSUED PRECEDING 12 MONTHS	NEAREST TO FILING DATE
A. TOTAL NO. COPIES (Net Press Run)	429	427
B. PAID AND/OR REQUESTED CIRCULATION     1. Sales through dealers and carriers, street vendors and counter sales.	47	54
Mail Subscription     (Paid and or requested)	233	230
C. TOTAL PAID AND/OR REQUESTED CIRCULATION (Sum of 9B1 and 9B2)	280	284
D. FREE DISTRIBUTION  1. BY MAIL, CARRIER OR OTHER MEANS	0	0
2. SAMPLES, COMPLIMENTARY AND OTHER FREE COPIES	45	45
E. TOTAL DISTRIBUTION (Sum of C, D1 and D2)	325	329
F. COPIES NOT DISTRIBUTED  1. Office use, left over, unaccounted, spoiled after printing	86	90
2. Return from News Agents	18	8
G. TOTAL (Sum of E, F1 and F2 – Should equal net press run shown in A)	429	427
I swear that the statements made by me above age	NATURE AND TITLE OF PUBLISHER	R, BUSINESS MANAGER OR OWNER
correct and complete.	2100	
		no th
State of South Dakota )	Sworn to before me this	
County of Minnelala )		
Actions and the second and a se	Notary Public	
NOTARY PUBLIC	My commission expires _	12-22-09
Form: SOS REC 051 12/0		